



SPECIAL EVENT APPLICATION

DATE OF EVENT: \_\_\_\_\_ START/ENDING TIME: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

PERSON OR ORGANIZATION REQUESTING PERMIT

Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Tax Exempt/Non-Profit Entity: ☐ Yes Tax Exemption Number \_\_\_\_\_ ☐ No

City of Rancho Mirage Business License Number: \_\_\_\_\_

ON-SITE RESPONSIBLE PARTY: ☐ Same as Above

Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

EVENT DESCRIPTION: *(check type of event)*

☐ Dance ☐ Assembly ☐ BBQ Fundraiser ☐ Carnival ☐ Car Show ☐ Concert  
☐ Fair ☐ Circus ☐ Food Vendor ☐ Parade ☐ Race ☐ Photo ☐ Radio Remote  
☐ Other \_\_\_\_\_

SOUND/ENTERTAINMENT: (check type of sound entertainment)

☐ D.J. ☐ Live Entertainment ☐ P.A. System ☐ Other \_\_\_\_\_

Will admission be charged? ☐ No ☐ Yes; Amount \_\_\_\_\_

Projected Attendance: Total Attendance: \_\_\_\_\_ Per Day: \_\_\_\_\_

Will the event require: (check all that apply; final determination will be made by the City)

☐ Street Closure ☐ Traffic Detours ☐ Parking ☐ Police Enforcement ☐ Fire Enforcement ☐ Encroachment Permit ☐ Other \_\_\_\_\_

Is the event, or any portion thereof, proposed to be held on private property? ☐ No ☐ Yes

Is the event, or any portion thereof, proposed to be held on City property? ☐ No ☐ Yes

Will the event, or any portion thereof, require the closure of any street(s)? ☐ No ☐ Yes

FOOD SERVICE/ALCOHOL

Will food be served: ☐ No ☐ Yes: ☐ Booths ☐ Caterer ☐ Pot Luck

Are you planning to serve/sell alcoholic beverages at this event? ☐ Yes ☐ No

Have you obtained a permit to sell and serve alcohol from the State Department of Alcohol and Beverage Control (ABC)? ☐ Yes ☐ No If yes, please check all that apply:

☐ Free/Host Alcohol ☐ Alcohol Sales ☐ Host and Sale Alcohol ☐ Beer ☐ Beer and Wine ☐ Beer, Wine and Distilled Spirits

ENTERTAINMENT AND RELATED ACTIVITIES

Does the proposed Special Event include live entertainment (bands, choirs, dance)?

☐ No ☐ Yes

*(If Yes, please complete this section. If No, please skip this section.)*

Number of Stages:\_\_\_\_\_ Number of Performers \_\_\_\_\_

Name(s) of Performers/Bands/DJ	Type of Entertainment/Proposed Stage
<i>Cheap Trick</i>	<i>Rock and Roll/Power Pop Main Stage</i>

*Please attach additional pages if necessary*

Does the proposed Special Event include inflatable, sky jumps or similar devices?

☐ No ☐ Yes *If Yes, please describe*\_\_\_\_\_

Does the proposed Special Event include the use of signs, banners, decorations or special lighting?

☐ No ☐ Yes *If Yes, please describe*\_\_\_\_\_

Are fireworks, rockets, lasers or other pyrotechnics planned for this Special Event?\*

☐ No ☐ Yes *If Yes, please describe*\_\_\_\_\_

**\*(Please note the Riverside County Fire Department will require additional information regarding this type of entertainment. Event organizers should contact the Riverside County Fire Safety Specialist for additional information at 760.324.4511 ext 307 prior to submitting this Special Event Application.)**

Have you notified the neighboring properties of your intent to host the proposed event?

☐ No ☐ Yes

Please attach a copy of the notice you intend to distribute.

### AMPLIFIED SOUND

Will the proposed Special Event use amplified sound? ☐ No ☐ Yes

Start Time \_\_\_\_\_ End Time\_\_\_\_\_

Please provide the name(s) of the company(ies) including City of Rancho Mirage business license number that is providing sound equipment and/or describe the sound equipment that the organization will use for this event. Identify all vehicles that will use sound amplifying equipment under this Permit (Vehicle description and license plate number).

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### PARKING AND TRANSPORTATION PLAN

Depending on the location of your proposed event and its size, a parking and transportation plan may be required to mitigate potential impacts to the City's traffic circulation plan. Please note that you must always include disabled accessible parking and/or access in your event plans. If your parking location is on a dirt lot you will be required to seal the entire disturbed area, post event, with a dust control palliative approved by the Public Works Department.

Does the proposed location have adequate on-site parking to meet the needs of your event? ☐ Yes ☐ No

If No, what are your alternative parking plans? \_\_\_\_\_

Do you anticipate any traffic circulation problems as a result of your event? ☐ No ☐ Yes

If Yes, please describe the efforts you are proposing to undertake to minimize impacts to the traffic circulation system surrounding the event venue. Please note that significant impacts to traffic circulation resulting from your event could result in the City of Rancho Mirage billing you for mitigating the impacts to the affected area. Please attach additional sheets as necessary.

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### SECURITY PLAN

Have you or are you planning to contract with a licensed professional security company to assist in the development and implementation of your event's Security Plan?

☐ Yes ☐ No

Name of Security Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Fax) \_\_\_\_\_

Private Patrol Operator License No. \_\_\_\_\_

*(please attach a copy of the Private Patrol's Operator License and City of Rancho Mirage Business License)*

Attach a copy of the signed contract with the Private Security Company.

Please describe your Security Plan including access to venue, crowd control, and internal communications. Attach as many pages as necessary.

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**DISABLED ACCESSIBILITY PLAN/MEDICAL PLAN**

As an event organizer you are required to comply with all City, County, State and Federal Disability Access requirements applicable to your event. Please describe your event's Accessibility Plan and designate such plan on your Site Plan (as applicable): Attach additional pages, if necessary.

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Individuals and organizations planning special events should make appropriate arrangements for medical services. Please describe your medical plan including the number, certification levels, and types of resources that will be at your event and the manner in which they will be managed and deployed (attach additional pages, if necessary): \_\_\_\_\_

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Medical Service Provider: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Fax) \_\_\_\_\_

### MARKETING AND PUBLIC RELATIONS

Will this Special Event be marketed, promoted or advertised to the general public?

☐ No ☐ Yes

Please describe your marketing plan and any efforts to control or limit the placement and/or distribution of promotional signage, stickers and other items (attach additional pages, if necessary): \_\_\_\_\_

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### SANITATION AND RECYCLING PLAN

Please describe your sanitation and recycling plan (attached a separate sheet if necessary):

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### RESTROOM AND SANITATION FACILITIES

Total number of portable restroom and sanitation facilities \_\_\_\_\_

Total number of ADA accessible portable restroom and sanitation facilities \_\_\_\_\_

### VENDOR INFORMATION

For each vendor, please include the following information (attach additional pages, if necessary):

Name	Service	Address	Phone Number	Business License/Health Permit Number

### PROPERTY OWNER'S CONSENT

No permit shall be issued unless the owner of the property upon which the proposed Special Event will be held, or that person's representative or agent, has first given their express written consent by signing below.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for completing the Special Event Permit Application. Before submitting the application to the City of Rancho Mirage, please make sure you have completed all the applicable steps listed below:

- ☐ Signed and dated Application
- ☐ Attached event Site Plan
- ☐ Attached sanitation and/or recycling plan
- ☐ Attached event Security Plan
- ☐ Provided a copy of your security company's Private Patrol Operator's license
- ☐ Provided a copy of your signed agreement with the Private Patrol Operator
- ☐ Attached event Medical Plan
- ☐ Attached a copy of Disabled Accessibility Plan
- ☐ Attached event parking and shuttle plan
- ☐ Attached an event agenda/entertainment list and schedule
- ☐ Provided sample letters, flyers and other communications distributed to impacted residents, businesses, schools, places of worship and other entities
- ☐ Attached Certificates of Insurance
- ☐ Attached Hold Harmless Agreement
- ☐ Attached a copy of the IRS 501(c) exemption letter
- ☐ Included copies of all applicable local, state and federal permits.

No Permit shall be issued until this Application is approved by an authorized representative of the City of Rancho Mirage. A meeting may be required prior to approval. Please complete this Application in full and return it no later than thirty (30) days prior to the proposed event. This event shall be conducted in strict accordance with all applicable local, state, and federal laws and regulations including but not limited to, the noise restrictions imposed under the conditions of the permit regarding amplified sound.

A site plan must be attached to this Application. Ten (10) copies of this Application must be submitted with payment of a non-refundable application fee.

Checks should be made payable to CITY OF RANCHO MIRAGE

If you have any questions, please contact Mike Schlange, Tourism and Marketing Division at 760.324.4511

CERTIFICATION OF APPLICANT

I declare that I am 18 years of age or older and the information contained in the foregoing application is true and correct to the best of my knowledge. I have read, understand and agree to abide by the rules and regulations governing Special Events under the Rancho Mirage City Code and I understand this application is made subject to the rules and regulations established by the City Council and/or the City Manager or their designee. I also understand that misrepresentation of facts will cause this Application to be null and void. I also understand that if an emergency Police or Fire response is generated to this event, I may be charged for the Police or Fire services required.

I further declare that I am authorized to enter into this Application for and on behalf of myself and the organization described above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Internal Use Only

Fees Paid: \_\_\_\_\_ Date Application Received: \_\_\_\_\_